

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)	09/830417				
CLAIMS						*	*	*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	51					
1						52					
2						53					
3						54					
4						55					
5						56					
6						57					
7						58					
8						59					
9						60					
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38						89					
39						90					
40						91					
41						92					
42						93					
43						94					
44						95					
45						96					
46						97					
47						98					
48						99					
49						100					
50						TOTAL IND.					
TOTAL IND.	19					TOTAL DEP.					
TOTAL DEP.	33					TOTAL CLAIMS					
TOTAL CLAIMS	52										